

**CAPETOWN ASSISTED LIVING**

**BY AMERICARE**

**PROJECT #5470 RT**



## Certificate of Need Program

### EXPEDITED LTC RENOVATION/MODERNIZATION APPLICATION

#### Applicant's Completeness Checklist and Table of Contents

Project Name: Capetown Assisted Living by Americare

Project No: 5470 RT

Project Description: New 16 Unit Memory Care Facility

Done Page N/A Description

#### Divider I. Application Summary:

- ☐ 1 ☐ 1. Applicant Identification and Certification (Form MO 580-1861).
- ☐ 2 ☐ 2. Representative Registration (Form MO 580-1869).
- ☐ 3-4 ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet with documentation of costs.

#### Divider II. Proposal Description:

- ☐ 5 ☐ 1. Provide a complete detailed project description.
- ☐ 5 ☐ 2. Provide a timeline of events for the project, from the issuance of the CON through project completion.
- ☐ 6,7,14 ☐ 3. Provide preliminary schematic drawings for the proposed project.
- ☐ 5 ☐ 4. Provide the existing and proposed gross square footage.
- ☐ 8 ☐ 5. Document ownership of the project site.

#### Divider III. Community Need Criteria and Standards:

- ☐ 12 ☐ 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state or federal governments.
- ☐ 12 ☐ 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification or accreditation, which if not undertaken, could result in a loss of accreditation or certification.
- ☐ 12 ☐ 3. Describe any operational efficiencies to be attained through reconfiguration of space and functions.
- ☐ 12,13 ☐ 4. Describe the methodologies used for determining need.
- ☐ 12,13 ☐ 5. Provide the rationale for the reallocation of space and functions.



## Certificate of Need Program

# APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

### 1. Project Location

(Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Capetown Assisted Living by Americare	Project Number 5470 RT
Project Address (Street/City/State/Zip Code) 2915 Cape LaCroix Road / Cape Girardeau / MO / 63701	County Cape Girardeau

### 2. Applicant Identification

(Information must agree with previously submitted Letter of Intent.)

List All Owner(s): (List corporate entity.)	Address (Street/City/State/Zip Code)	Telephone Number
Capetown Residential, LLC	214 N. Scott Street / Sikeston / MO / 63801	573-471-1113
List All Operator(s): (List entity to be licensed or certified.)	Address (Street/City/State/Zip Code)	Telephone Number
Capetown Residential, LLC	214 N. Scott Street / Sikeston / MO / 63801	573-471-1113

### 3. Ownership

(Check applicable category.)

- |  |   |                                 |                                      |
|--|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Individual             | <input type="checkbox"/> City   | <input type="checkbox"/> District    |
| <input type="checkbox"/> Partnership           | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> County | <input type="checkbox"/> Other _____ |

### 4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

### 5. Authorized Contact Person

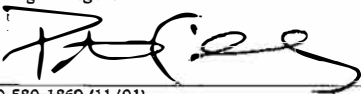
(Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Pete Eichholz	Title Development Assistant
Telephone Number 573-442-5277	Fax Number E-mail Address peichholz@americareusa.net
Signature of Contact Person 	Date of Signature 6/2/17



## Certificate of Need Program

**REPRESENTATIVE REGISTRATION**(A registration form must be completed for **each** project presented.)

Project Name Capetown Assisted Living by Americare		Number 5470 RT
(Please type or print legibly.)		
Name of Representative Pete Eichholz		Title Development Assistant
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Capetown Residential, LLC (Americare)		Telephone Number 573-442-5277
Address (Street/City/State/Zip Code) 3310 Bluff Creek Drive / Columbia / MO / 65201		
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)		
Name of Individual/Agency/Corporation/Organization being Represented Capetown Residential, LLC (Americare)		Telephone Number 573-471-1113
Address (Street/City/State/Zip Code) 214 N. Scott Street / Sikeston / MO / 63801		
<p>Check one. Do you:</p> <p><input checked="" type="checkbox"/> Support</p> <p><input type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p> <p>Other Information:</p> <p>_____</p> <p>_____</p>		<p>Relationship to Project:</p> <p><input type="checkbox"/> None</p> <p><input checked="" type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p> <p>_____</p> <p>_____</p>
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>		
Original Signature 		Date 6/2/17



## Certificate of Need Program

### PROPOSED PROJECT BUDGET

#### Description

#### Dollars

#### **COSTS:\***

(Fill in every line, even if the amount is "\$0".)

1. New Construction Costs ***	\$1,890,000
2. Renovation Costs ***	
<b>3. Subtotal Construction Costs (#1 plus #2)</b>	<b>\$1,890,000</b>
4. Architectural/Engineering Fees	\$60,000
5. Other Equipment (not in construction contract)	\$350,000
6. Major Medical Equipment	
7. Land Acquisition Costs ***	\$170,781
8. Consultants' Fees/Legal Fees ***	\$10,000
9. Interest During Construction (net of interest earned) ***	
10. Other Costs ***	
<b>11. Subtotal Non-Construction Costs (sum of #4 through #10)</b>	<b>\$590,781</b>
<b>12. Total Project Development Costs (#3 plus #11)</b>	<b>\$2,480,781 **</b>

#### **FINANCING:**

13. Unrestricted Funds	\$2,480,781
14. Bonds	
15. Loans	
16. Other Methods (specify)	
<b>17. Total Project Financing (sum of #13 through #16)</b>	<b>\$2,480,781 **</b>

18. New Construction Total Square Footage	11,976
19. New Construction Costs Per Square Foot *****	\$151
20. Renovated Space Total Square Footage	
21. Renovated Space Costs Per Square Foot *****	

\* Attach additional page(s) detailing how each line item was determined, including all methods and assumptions used. Provide documentation of all major costs.

\*\* These amounts should be the same.

\*\*\* Capitalizable items to be recognized as capital expenditures after project completion.

\*\*\*\* Include as Other Costs the following: other costs of financing; the value of existing lands, buildings and equipment not previously used for health care services, such as a renovated house converted to residential care, determined by original cost, fair market value, or appraised value; or the fair market value of any leased equipment or building, or the cost of beds to be purchased.

\*\*\*\*\* Divide new construction costs by total new construction square footage.

\*\*\*\*\* Divide renovation costs by total renovation square footage.

## **Budget Detail Sheet**

### **Construction Costs (\$1,890,000)**

- \$1,588,678 Construction Contract
- \$166,106 Site Costs
- \$12,154 Wall Covering
- \$10,962 Spa Tub
- \$78,470 Flooring
- \$33,630 Window Treatments

### **Other Equipment (\$350,000)**

- \$9,303 Laundry Equipment
- \$10,047 Linens
- \$62,468 Major Kitchen Equipment
- \$8,559 Kitchen Smallwares
- \$50,539 Hskg, Sm App, Salon, Signs
- \$62,120 Resident Room Furniture
- \$128,241 Common Area Furniture
- \$18,723 Artwork and Accessories

## **Divider II – Proposal Description**

### **1. Provide a complete detailed project description**

The accompanying Certificate of Need Application is submitted to obtain the Health Facilities Review Committee's approval to allow construction of a new 11,976 square foot building containing 16 new resident rooms. Capetown Assisted Living by Americare has 48 licensed beds, 20 of which will be allocated towards the new memory care building. It is projected that this project could finish by June 2017.

This building will meet the growing demand among Cape Girardeau's area seniors who require assistance with daily living activities and specifically need memory care assistance

The building will be located adjacent to the existing Capetown Residential, LLC building. A schematic plan is included with this application on page 14. A schematic site plan is included with the application on pages 6 and 7.

The existing facility has 24 resident rooms. After construction Capetown Residential, LLC will contain 40 resident rooms. The licensed capacity will remain at a maximum of 48 residents.

### **2. Provide preliminary schematic drawings for the project**

A preliminary plan is located on page 14. A building floor plan for the existing facility is located on page 6. A preliminary building floor plan for the proposed new 16 resident room building is located on page 7. The numbers on the floor plans depict private versus semi-private rooms and add up to the existing license of 48.

### **3. Provide existing and proposed square footage**

Existing Capetown Residential:

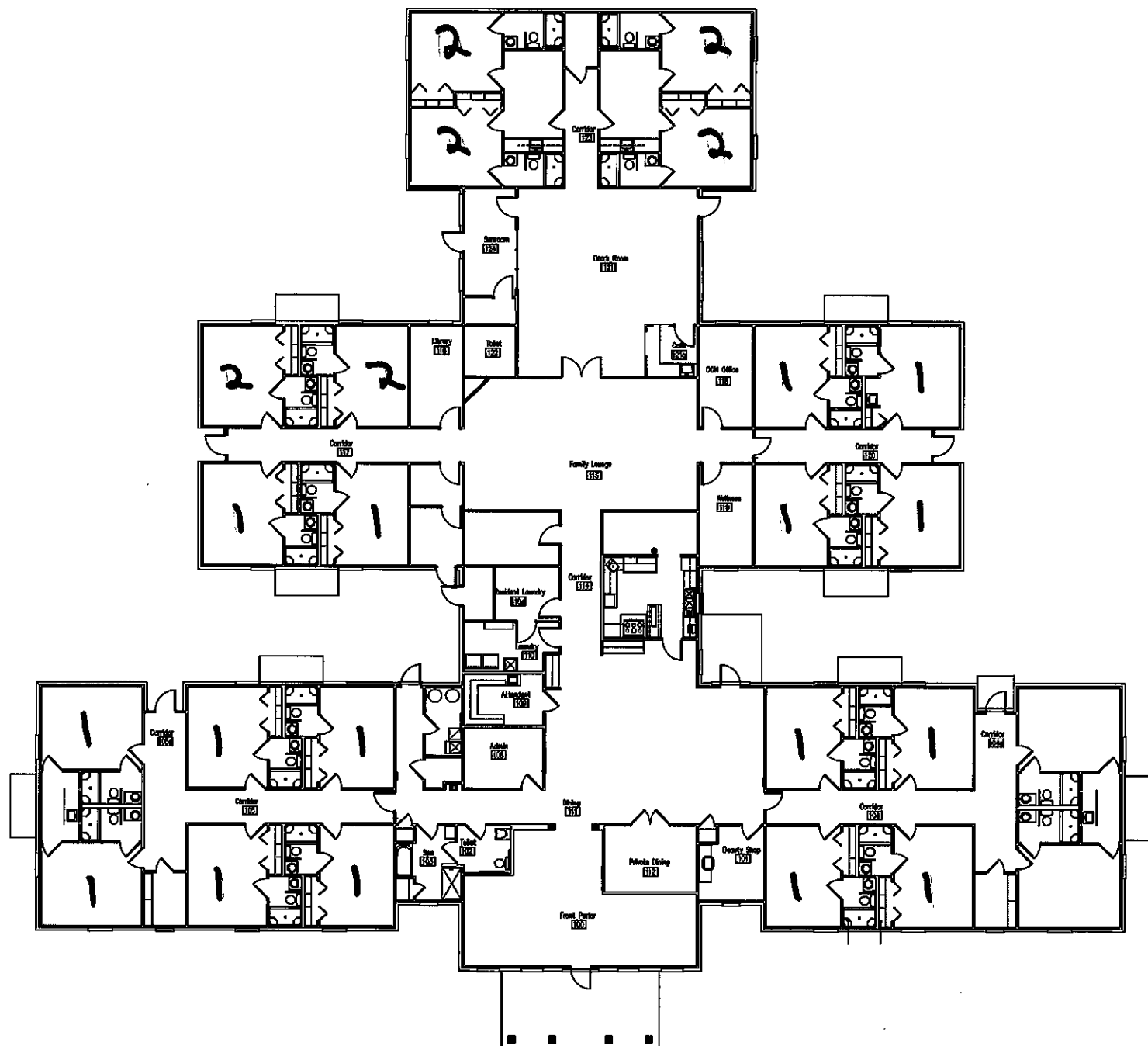
New Capetown Residential: 11,976

Total Square Footage:

### **4. Document ownership of the project site**

A copy of the general warranty deed to Capetown Residential, LLC for the new building project is located on page 8. The warranty deed names RH Montgomery Properties, Inc. as the owner of the property on pages 8.

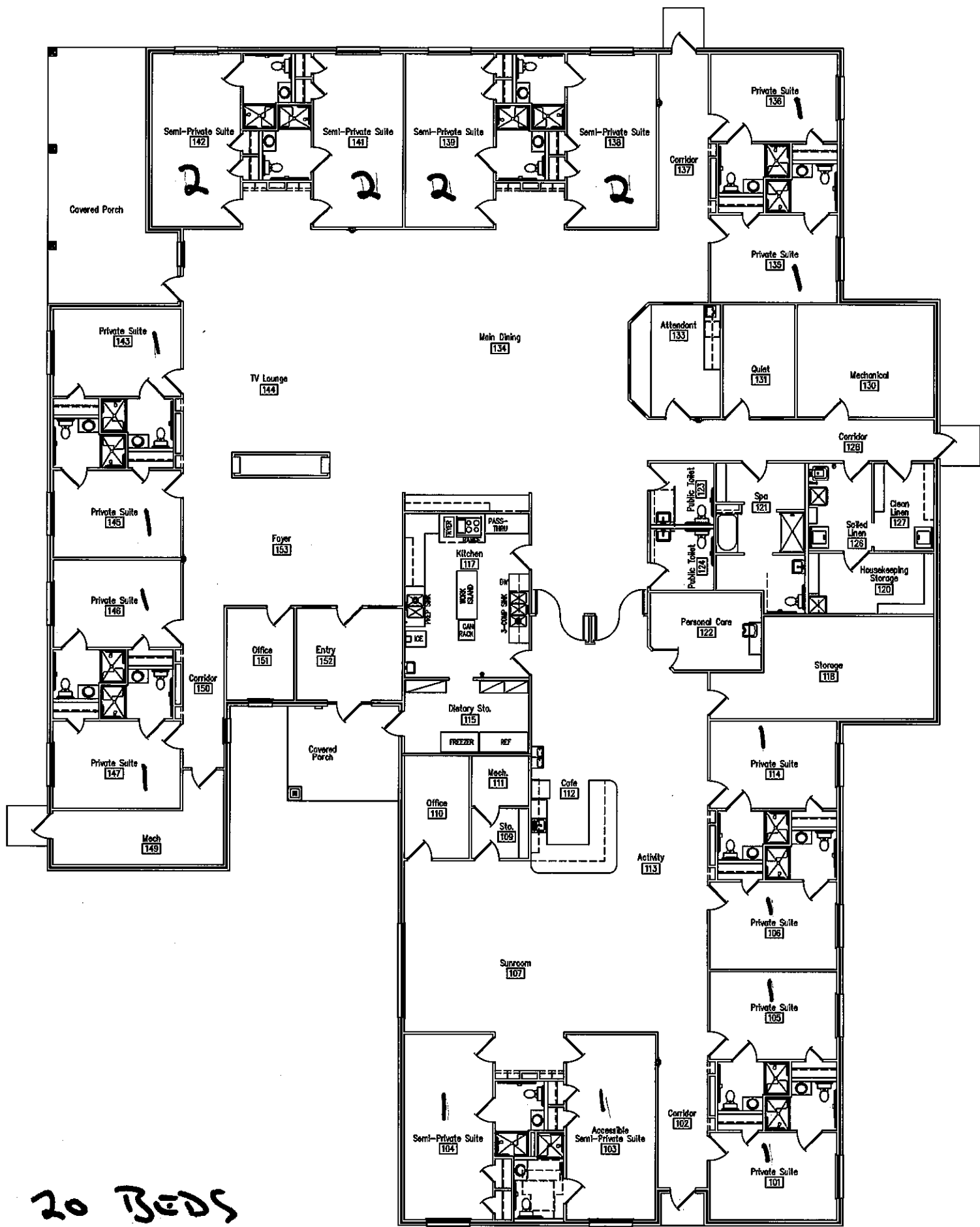
CAPE TOWN ALF



28 BEDS



CAPE TOWN AIRBORNS



20 BEDS

2004-11338

REC FEE: \$30.00  
PAGES: 3

JANET ROBERT, Recorder of Deeds, Cape Girardeau County MO, certify that this document was filed for record at 08:34AM and official seal affixed at Jackson, MO. 07/21/2004

JANET ROBERT  
Recorder of Deeds

Vickie Meyer Deputy

CCA- 30 chg.

Cape Girardeau County Abstract and Title Company, Inc.  
File No. 04200417

## Missouri Corporation Warranty Deed

This Indenture, Made on 12th day of July, 2004, by and between  
**RECTOR, WARDEN AND VESTRYMEN OF CHRIST CHURCH PROTESTANT EPISCOPAL CHURCH OF CAPE GIRARDEAU**, a corporation, duly organized under the laws of the State of Missouri,  
as GRANTOR, and

**R. H. MONTGOMERY PROPERTIES, INC.**,

as GRANTEE, whose mailing address is: P.O. BOX 1046  
SIKESTON, MO. 63801

Property Address: **ROUTE W, CAPE GIRARDEAU, MO 63701**

WITNESSETH: THAT THE GRANTOR, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, does hereby Grant, Bargain, Sell, Convey and Confirm unto GRANTEE, GRANTEE'S heirs and assigns, the following described lots, tracts and parcels of land situated in the County of CAPE GIRARDEAU and State of Missouri, to wit:

A part of the Northwest quarter of Section No. 23, Township 31 North, Range 13 East of the Fifth Principal Meridian, County of Cape Girardeau, State of Missouri being more particularly described as follows:

Commencing at a 1/2" Iron Pin at the Northeast corner of lot no. 1 of Cape La Croix Farms Subdivision as recorded in the land records of the County Recorder's Office in plat book no. 17 at page no. 12 said point also being in the centerline of County Road no. 620 from which point a 1" Iron Pipe at the Northeast corner of the northwest quarter of said section no. 23 bears N 88 degrees 44' 23" E, 1396.11 feet; Thence along the centerline of County Road no. 620 the following courses and distances: S 17 degrees 05' 43" E, 160.60 feet; Thence S 15 degrees 18' 23" E, 682.77 feet; Thence S 15 degrees 18' 59" E, 173.15 feet to a 1/2" Iron Pin and being the True Point of Beginning:

No. 00234532

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

## CORPORATION DIVISION


### CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri,  
do hereby certify that the records in my office and in my  
care and custody reveal that

RH MONTGOMERY PROPERTIES, INC.

was incorporated under the laws of this State on the 14th  
day of SEPTEMBER, 1981, and is in good standing, having fully  
complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my  
hand and imprinted the GREAT SEAL of  
the State of Missouri, on this, the  
8th day of AUGUST, 2002.

  
Secretary of State



**OPERATING AGREEMENT OF**  
**Capetown Residential, LLC**  
**a Delaware Limited Liability Company**

This Operating Agreement of **Capetown Residential, LLC** (the "Agreement") is adopted by the undersigned as the sole Member and the Board of Managers, for the purpose of forming and operating **Capetown Residential, LLC** as a Delaware limited liability company, and the undersigned Member and Board of Managers do mutually acknowledge and agree as follows:

1. **DEFINITIONS.**

The following terms, as used in this Agreement, have the following meanings:

(a) "Board of Managers" means the person or persons appointed to serve as such from time to time in accordance with the terms of this Agreement.

(b) "Capital Account" means the Capital Account maintained for each Member and Permitted Assignee in accordance with paragraph 4.02.

(c) "Code" means the Internal Revenue Code of 1986, as amended and in effect from time to time, and any successor to such Code, and applicable Treasury Regulations thereunder.

(d) "Company" means **Capetown Residential, LLC**, the limited liability company formed pursuant to this Agreement.

(e) "Delaware Act" means the Delaware Limited Liability Company Act, Del. Code Ann. Tit. 61 Section 18-101, et seq., as amended and in effect from time to time, and any successor to such Act.

(f) "Effective Date" means the date upon which the Certificate of Formation of the Company are delivered to the Secretary of State, as conclusively evidenced by the endorsement of the filing date on the articles of organization by the Secretary of State.

(g) "Event of Withdrawal" means that a person ceases to be a Member of the Company for any one or more of the following reasons: (i) a transfer of the Member's entire interest in the Company in accordance with the terms and conditions of paragraph 6; (ii) in the case of an individual, his or her death or the entry by a court of competent jurisdiction of an order adjudicating him or her incompetent to manage his person or his estate; (iii) in the case of a Member that is a trust, the termination of the trust, but not merely the substitution of a new trustee; (iv) in the case of a Member that is a general or limited partnership, its dissolution; (v) in the case of a Member that is a corporation, the filing of articles of dissolution or the revocation of

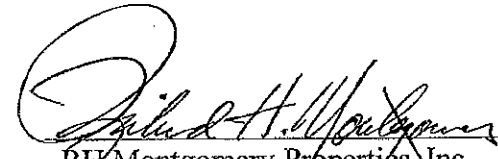
9.14. Interpretation. In this Agreement, unless otherwise expressly provided for herein to the contrary, the singular form of a word includes the plural and vice versa.

Executed and dated this 1ST day of APRIL, 2002.

**Capetown Residential, LLC**

By: 

Jeff Sutton, the Sole Manager

  
RH Montgomery Properties, Inc.,  
the Sole Member

**Divider III - Community Need Criteria and Standards:**

- 1. Indicate whether the proposed project is needed to comply with current facility code requirements of local, state, or federal governments.**

No, this is not required by any code requirements.

- 2. Indicate whether the proposed project is needed to meet requirements for licensure, certification or accreditation, which if not undertaken, could result in a loss accreditation or certification.**

No, this addition is not needed to meet these requirements.

- 3. Describe any operational efficiency to be attained through reconfiguration of space and functions.**

This answer is from head of operations Jean Summers, "Experience has shown that the dementia unit sitting on the same campus with the ALF facility provides shared costs in Administrative oversight (second nurse / program manager) on campus. Cost effective purchasing and an ever improving care model for dementia residents has been developed by operations."

- 4. Describe the methodologies used for determining need.**

A detailed copy of the monthly census of the current secured dementia unit owned and operated by Americare in the Cape Girardeau market is located on page 13. The secured unit has consistently been over 95% for the trailing 12 months. Being 100% is nearly unattainable as you will have discharges/deaths each month. This document proves a need for more units dementia units to be built in the Springfield market.

- 5. Provide rationale for the reallocation of space and functions.**

The planned addition of the new 16 resident room building will be designed and constructed to meet all service and security expectations for residents with Alzheimer's disease and related dementia. The Cape Girardeau market has shown that private room demand is more significant than semi private demand, thus the existing facility has an excess supply of beds.

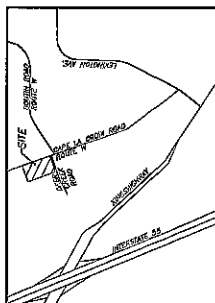
Date: Jun 1, 2017  
 Time: 14:11:18 CT  
 User: Mike Landewee

ASI Americare (Corporate DB)  
 Census vs Budget - By Rate Type Category  
 Quarterly Census - Ending March 2017

Page # 1

Period Ending	Dec/14	Mar/15	Jun/15	Sep/15	Dec/15	Mar/16	Jun/16	Sep/16	Dec/16	Mar/17	AVG	YTD	
The Arbors at Auburn Creek Alzheimers Assisted Living													11/1/2003
	12	12	12	12	12	12	12	12	12	12	12	12	BUDGET MIX
Apartment	1.00	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Cottage (Teal)	1.00	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Cottage - Private	1.00	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Cottage - Semi-Priv	0.50	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Cottage Two Bedrm (Teal)	1.00	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Patio Home - Private	1.00	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Patio Home - Semi Private	0.50	-	-	-	-	-	-	-	-	-	0.00	0.00	0.00 0.00%
Private Room	1.00	6.55	6.32	6.32	6.59	6.95	7.79	8.33	8.58	7.32	6.76	7.15	6.76 83.85%
Semi-Private	0.50	10.35	9.99	9.48	9.45	9.79	7.21	5.00	5.66	7.22	9.44	8.36	9.44 60.00%
TOTAL		16.90	16.31	15.80	16.03	16.74	15.00	13.33	14.24	14.53	16.20	15.51	16.20 100.00%
WEIGHTED TOTAL		11.73	11.32	11.06	11.31	11.84	11.40	10.83	11.41	10.92	11.48	11.33	11.48 10.00
Total Unoccupied Rooms		0.27	0.68	0.94	0.69	0.16	0.60	1.17	0.59	1.08	0.52	0.67	0.52
% of Units Occupied		97.74%	94.31%	92.17%	94.25%	98.69%	94.98%	90.25%	95.06%	91.03%	95.65%	94.41%	95.65%
Budgeted % Occupied		83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%
Admissions		4	3	4	3	3	2	2	5	4	5	3.50	5
Discharges/Deaths		4	5	4	2	3	4	2	6	1	4	3.50	4
Leaves/Room Reserves		3	7	0	1	4	5	2	5	8	0	3.50	0
Return from Leaves		4	4	0	1	3	3	3	5	6	0	2.90	0

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE



**VICINITY MAP**  
**SCALE: NTS**

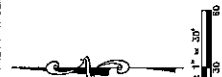
**OWNER/DEVELOPER:**  
 BRUNER & R. H. MONTGOMERY PROPERTIES, INC.  
 570 MONLEY MONTGOMERY  
 115 E. 4TH STREET  
 COLUMBIA, MO 65201  
 313-443-5141

[illegible]

**STATE DATA**

## CIVIL PLAN SHEET INDEX - THE ARBORS • CAPETOWN

- | 01-1 | 01-2 | 01-3 | 01-4 | 01-5 | 01-6 | 01-7 | 01-8 | 01-9 | 02-0 | 02-1 | 02-2 | 02-3 | 02-4 | 02-5 | 02-6 | 02-7 | 02-8 | 02-9 | 03-0 | 03-1 | 03-2 | 03-3 | 03-4 | 03-5 | 03-6 | 03-7 | 03-8 | 03-9 | 04-0 | 04-1 | 04-2 | 04-3 | 04-4 | 04-5 | 04-6 | 04-7 | 04-8 | 04-9 | 05-0 | 05-1 | 05-2 | 05-3 | 05-4 | 05-5 | 05-6 | 05-7 | 05-8 | 05-9 | 06-0 | 06-1 | 06-2 | 06-3 | 06-4 | 06-5 | 06-6 | 06-7 | 06-8 | 06-9 | 07-0 | 07-1 | 07-2 | 07-3 | 07-4 | 07-5 | 07-6 | 07-7 | 07-8 | 07-9 | 08-0 | 08-1 | 08-2 | 08-3 | 08-4 | 08-5 | 08-6 | 08-7 | 08-8 | 08-9 | 09-0 | 09-1 | 09-2 | 09-3 | 09-4 | 09-5 | 09-6 | 09-7 | 09-8 | 09-9 | 10-0 | 10-1 | 10-2 | 10-3 | 10-4 | 10-5 | 10-6 | 10-7 | 10-8 | 10-9 | 11-0 | 11-1 | 11-2 | 11-3 | 11-4 | 11-5 | 11-6 | 11-7 | 11-8 | 11-9 | 12-0 | 12-1 | 12-2 | 12-3 | 12-4 | 12-5 | 12-6 | 12-7 | 12-8 | 12-9 | 13-0 | 13-1 | 13-2 | 13-3 | 13-4 | 13-5 | 13-6 | 13-7 | 13-8 | 13-9 | 14-0 | 14-1 | 14-2 | 14-3 | 14-4 | 14-5 | 14-6 | 14-7 | 14-8 | 14-9 | 15-0 | 15-1 | 15-2 | 15-3 | 15-4 | 15-5 | 15-6 | 15-7 | 15-8 | 15-9 | 16-0 | 16-1 | 16-2 | 16-3 | 16-4 | 16-5 | 16-6 | 16-7 | 16-8 | 16-9 | 17-0 | 17-1 | 17-2 | 17-3 | 17-4 | 17-5 | 17-6 | 17-7 | 17-8 | 17-9 | 18-0 | 18-1 | 18-2 | 18-3 | 18-4 | 18-5 | 18-6 | 18-7 | 18-8 | 18-9 | 19-0 | 19-1 | 19-2 | 19-3 | 19-4 | 19-5 | 19-6 | 19-7 | 19-8 | 19-9 | 20-0 | 20-1 | 20-2 | 20-3 | 20-4 | 20-5 | 20-6 | 20-7 | 20-8 | 20-9 | 21-0 | 21-1 | 21-2 | 21-3 | 21-4 | 21-5 | 21-6 | 21-7 | 21-8 | 21-9 | 22-0 | 22-1 | 22-2 | 22-3 | 22-4 | 22-5 | 22-6 | 22-7 | 22-8 | 22-9 | 23-0 | 23-1 | 23-2 | 23-3 | 23-4 | 23-5 | 23-6 | 23-7 | 23-8 | 23-9 | 24-0 | 24-1 | 24-2 | 24-3 | 24-4 | 24-5 | 24-6 | 24-7 | 24-8 | 24-9 | 25-0 | 25-1 | 25-2 | 25-3 | 25-4 | 25-5 | 25-6 | 25-7 | 25-8 | 25-9 | 26-0 | 26-1 | 26-2 | 26-3 | 26-4 | 26-5 | 26-6 | 26-7 | 26-8 | 26-9 | 27-0 | 27-1 | 27-2 | 27-3 | 27-4 | 27-5 | 27-6 | 27-7 | 27-8 | 27-9 | 28-0 | 28-1 | 28-2 | 28-3 | 28-4 | 28-5 | 28-6 | 28-7 | 28-8 | 28-9 | 29-0 | 29-1 | 29-2 | 29-3 | 29-4 | 29-5 | 29-6 | 29-7 | 29-8 | 29-9 | 30-0 | 30-1 | 30-2 | 30-3 | 30-4 | 30-5 | 30-6 | 30-7 | 30-8 | 30-9 | 31-0 | 31-1 | 31-2 | 31-3 | 31-4 | 31-5 | 31-6 | 31-7 | 31-8 | 31-9 | 32-0 | 32-1 | 32-2 | 32-3 | 32-4 | 32-5 | 32-6 | 32-7 | 32-8 | 32-9 | 33-0 | 33-1 | 33-2 | 33-3 | 33-4 | 33-5 | 33-6 | 33-7 | 33-8 | 33-9 | 34-0 | 34-1 | 34-2 | 34-3 | 34-4 | 34-5 | 34-6 | 34-7 | 34-8 | 34-9 | 35-0 | 35-1 | 35-2 | 35-3 | 35-4 | 35-5 | 35-6 | 35-7 | 35-8 | 35-9 | 36-0 | 36-1 | 36-2 | 36-3 | 36-4 | 36-5 | 36-6 | 36-7 | 36-8 | 36-9 | 37-0 | 37-1 | 37-2 | 37-3 | 37-4 | 37-5 | 37-6 | 37-7 | 37-8 | 37-9 | 38-0 | 38-1 | 38-2 | 38-3 | 38-4 | 38-5 | 38-6 | 38-7 | 38-8 | 38-9 | 39-0 | 39-1 | 39-2 | 39-3 | 39-4 | 39-5 | 39-6 | 39-7 | 39-8 | 39-9 | 40-0 | 40-1 | 40-2 | 40-3 | 40-4 | 40-5 | 40-6 | 40-7 | 40-8 | 40-9 | 41-0 | 41-1 | 41-2 | 41-3 | 41-4 | 41-5 | 41-6 | 41-7 | 41-8 | 41 |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|
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REVISIONS					
ITEM NO.	DESCRIPTION OF CHANGE			APPROVAL DATE	
A	CITY COMMENTS:				2/19/18

DATE	12/17/15
CITY	CAPE TOWN
THE ASSOCIATES AT	AMERICARE SYSTEMS, INC.
DEVELOPER:	AMERICARE SYSTEMS, INC.
ENGINEER:	AMERICARE SYSTEMS, INC.

DIVISION OF ENGINEERING  
OVERALL SITE PLAN  
LOCATION: Cape LaCroix Road

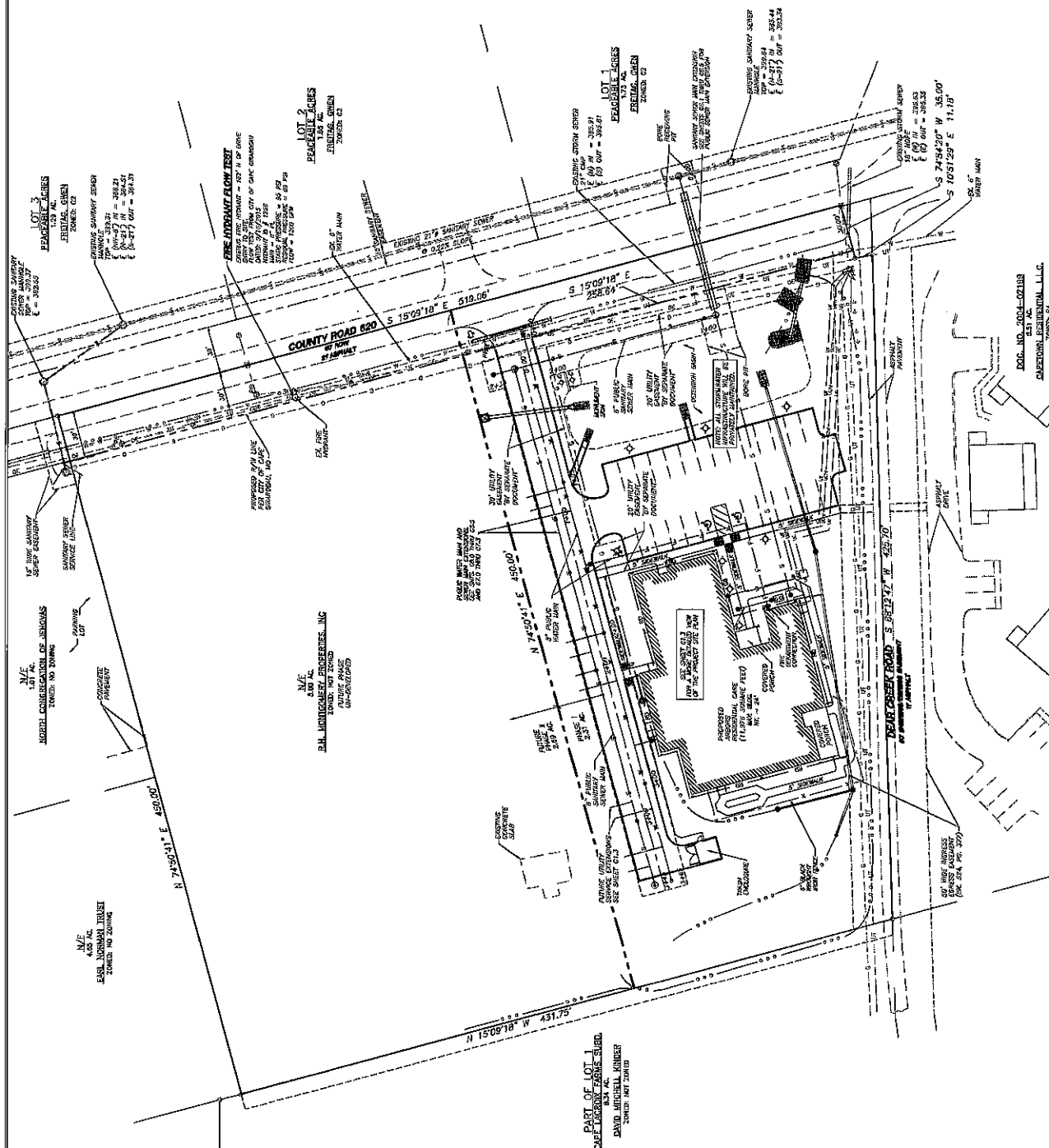
DATE 05/2015

**SURVEY**  
**DRAWN BY**  
**DESIGN BY**

**SHEET 011**  
**MERICARE SYSTEMS, INC.**

[illegible]

PHONE: 800 442-8782, FAX: 858/422-8777



PART OF LOT 1  
CAPE LACROIX FARMS SUBD.  
8.34 AC.  
DAVID MITCHELL KINDER

DOC. NO. 2004-02189  
651 AC  
CAPETOWN RESIDENTIAL, L.L.C.  
TAMPA, FL

170 LEGHES

**AMERICARE SYSTEMS, INC.**  
**PROJECT DEVELOPMENT**

177-204-2040  
 177-204-2040  
 177-204-2040  
 177-204-2040